

Provider Feedback on the Fair Start for Kids Act Temporary Licensing Subcommittee (FSKA TLS) Recommendations

All licensing materials are released in English, Spanish and Somali and non-English speaking providers have the same access to information/webinars/meetings as non-English speaking providers.

- a. Question: What is the 4th largest language/ should we add it?
 - b. Error in writing we believe-last sentence after information/webinars/meetings should be English speaking not non-English speaking.
 - c. Translators are better than using computer interpreters.
 - d. Translation is one avenue but interpretation is actually a better resource.
 - e. Agree!
 - f. More than just these 3 languages.
 - g. What do we mean by access? Concerned that topics might be missed during unplanned conversations. How do we make those accessible to all?
 - h. When licensing said the checklist cannot be translated into another language, there is concern that it would not be translated correctly. Agree that there needs to be someone available to a provider that can translate in the provider's language. That should not be on the provider to find someone to do so.
 - i. If we are all expected to follow all the pages in the checklist, why are things shortened for the income providers? Why would it not be the same for everyone?
 - j. Is there a way to pick your language for transcription live in meetings? How can we incorporate that in other meetings? This is a feature in zoom.
 - k. There needs to be a sufficient way of being inclusive of all feedback.
 - l. The department should work with their AAG regarding translation issues. There needs to be more of an effort towards equity.
 - m. Regarding online documents, it would be nice to have documents clearly stated what updates have been made, to limit the time it takes for providers to find changes/updates.
2. Create a tool, in place of the current checklist, that can be translated and used as a trial run with incoming providers and providers who would like more clarity on what is expected.
 - a. Checklist needs to be condensed/ Divide into health and safety.
 - b. In order to effectively translate the current checklist, it would need to be pared down and perhaps focus solely on health and safety and allow EA to be the place for quality measures and relationship development, inclusion practices.
 - c. Chinese, Korean or a language to represent the Asian community.
 - d. Why couldn't this be a google doc so that you could translate into any language that works for you. And making this public would be beneficial. We want to be in compliance and having access to the checklists allow us to be proactive and preventative versus reactive to visits.

- e. Mirror languages chosen for this as well. Needs to be a comprehensive suite of resources from web, webinars, checklists, WAC, etc. all in the translated language to ensure equity across access and information.
 - f. Should be provided to the providers. Regardless of length. We should know what is being looked for.
 - g. The Checklist should focus on Safety and not all these mandates for things like are you asking families cultural inclusion.... that is not a safety issue.
 - h. The Current Checklist is out of control - the checklist should be shorter and make sense.
 - i. It should be a year by year guide that increases in levels of what is being requested.
 - j. What does it mean by income providers? Would be nice for current providers to be a part of the trial run.
 - k. There should be an effort towards equal translation. The WAC should be translated as much as possible words/phrases that cannot be translated could be left in English.
 - l. Electronic training versions that highlights changes/updates. DCYF has already practiced this method in other areas (ECEAP performance standards).
 - m. There needs to be someone available for non-English providers that can walk through the WAC with them.
 - n. Having comment periods ahead of time so everyone receives the same information at the same time with documents released in multiple languages.
3. Providers should be able to request a hard copy of the Early Learning Licensing Guidebook in English, Spanish and Somali. WAC changes will be incorporated into the guidebook within 60 days of becoming law.
- a. Translating becomes a bit expensive for business when updating for Licensors/WAC updates.
 - b. New copies and updates should be notified to providers through MERIT accounts and emails.
 - c. We should be given more than 10 days to fix most things, especially when it is a new WAC.
 - d. Agree with 30 days.
 - e. 30 days.
 - f. Or through WA compass and we are notified of changes.
 - g. The licensing guide book should be a permanent document.
 - h. Would like a hard copy, but could include this might be subject to change.
 - i. Someone had said in a previous meeting that the checklist is a living document and that changes can be made to it. I do not feel that is right. Once published, it needs to be published and remain that way. There is not enough time to constantly review any changes or updates being made.
 - j. Would like a hard copy of the licensing guide book.
 - k. Scheduled and announced revision dates with the opportunities for providers to provide feedback before the documents are posted.
 - l. Should be clear about any updates to the licensing guidebook. They need to come to the community first with any updates.
4. Schedule regular (quarterly?) meetings between the Licensing Division and Washington State providers.

- a. Monthly or Bi Monthly Transparency is important and will help Providers out. (Subcommittee of Provider Support).
 - b. Perhaps align with bi-monthly.
 - c. Quarterly meetings for large group discussion.
 - d. Monthly.
 - e. Often best comms is coming through WCCA not DCYF, this should be DCYF's role so it goes to all providers not just those in WCCA.
 - f. Licensors should be checking in with all providers monthly to see what they can do to help support.
 - g. Agree improved communication is key-really multiple opportunities for engagement is THE key. Host meetings, record webinars, post questions and responses, post changes made based on provider recommendations so we can see value in our participation.
 - h. Try to have important communications in a standalone message not embedded in a monthly newsletter, etc.
 - i. Create a committee structure that can form sub committees with providers and licensors.
 - j. What is the intended outcome/purpose?
 - k. We can't get licensing staff to come to provider supports meetings.
 - l. Providers work hard to meet all safety measures. We are accountable for our own work and work hard to meet the needs of our families.
 - m. Purpose of regular meetings: to be able to vent/share frustrations
 - n. Licensors should be holding webinars for Q&A's to answer any questions/concerns providers have.
 - o. Licensors should be held accountable for giving incorrect information to providers.
 - p. There should be recourse for providers who are given bad advice.
 - q. Licensors/leadership staff should be open to all feedback.
5. Use CCDF funds to develop a call line staffed by licensors, or those with licensing knowledge to answer provider questions, including anonymous questions.
- a. A call line would be beneficial.
 - b. How does IRR fit into this and what happens when advice differs or there are interpretations that vary?
 - c. Like the ability to have anonymity when asking questions right now but hopefully as the relationship with providers and licensors improve in trust and two-way communication it might not be needed.
 - d. Would prefer fully fund licensors instead.
 - e. Current language in calling in says to make a compliant....is that really what we want on a phone menu? Do speak with a licensor about a question?
 - f. Can reach out to the licensor on duty, but are typically told you have to reach out to specific licensors for answers.
 - g. Will they keep track of the questions? Will they address any themes where policies can be made?
6. Provide a redacted copy of LD CPS allegations to providers
- a. Would love to have redacted copy provided of reports.
 - b. Process is difficult, no info other than allegations, scare people.

- c. This whole process is super scary and we need to discuss this as it's a separate department.
 - d. report after would be more helpful
 - e. Concern for licensors feeling of power.
 - f. Feels punishing for the provider to have to fire an employee when there is a CPS investigation, unless there is enough evidence for a finding.
 - g. What authority do licensors have to tell providers that a staff member has to go home? It needs to be clear why a staff member is being suspended.
 - h. Founded allegations should follow the employee so future providers (employers) have access to the information that led to their previous termination.
 - i. Any provider/child care provider should be able to look up any founded allegations.
7. The Licensing Division CPS Investigation process is outlined and available to all providers via the DCYF website in multiple languages. When there is an active investigation, the outline of this process is emailed directly to the provider in the provider's native language.
- a. Schedule a meeting with CPS so Providers understand their process or have access to an outlined process to look over.
 - b. Love to see a process map for who does what based on the allegation category and what the timeline and expectation can be.
 - c. Agree that something as complicated and critical should be translated to the provider's native language not the 2 decided by DCYF.
 - d. Agree that having CPS as an agency that comes to this group and present on their process and interaction with the licensor and provider would be helpful.
 - e. Licensors are often not able to share much in this process and it adds to unknowns and anxiety.
 - f. Agree.
 - g. This would be very helpful and should be mandatory.
 - h. Concern for licensors manipulating situations/sending staff members home without proof of authority.
 - i. Feel the process is backwards. Seems to be one is guilty until proven innocent until an investigation is completed.
 - j. Licensors need the training on inter-rater reliability- are steps being taking by licensors in the WAC/RCW's?
 - k. If there is not proof of abuse or neglect, a staff member should not be found guilty.
 - l. Providers should be assumed innocent until proven otherwise.
 - m. Ensuring when licensors make depends, they can back it up with WAC's/RCW's.
 - n. There should be a list/outline of provider rights, such as waiting until a provider has a witness present for interviews. There should also be a list of resources for providers during the investigation process.
8. DCYF will make all provider feedback available and address what feedback was taken into account, what feedback was not (and why). Providers have the right to understand how their input is being used (or not being used) by DCYF.
- a. This ties to the licensing visits and surveys, try to replicate the transparency of the Guiding Council for SAC WACs for any future Center WAC changes.

- b. Curious where this info would live? How would it be shared? Like the concept but this is pretty vague. Will it be flushed out more by this group? Provider Supports?
 - c. Our responsibilities as providers are outlined in the WAC - this seems to be more about our Rights. Is there a document that can be created and agreed upon by provider and licensor in initial application and full compliance reviews?
 - d. What mechanisms are there for providing feedback to the WACs and responses so that other providers can provide feedback as well.
 - e. This ties to the licensing visits and surveys, try to replicate the transparency of the Guiding Council for SAC WACs for any future Center WAC changes.
 - f. Curious where this info would live? How would it be shared? Like the concept but this is pretty vague. Will it be flushed out more by this group? Provider Supports?
 - g. Our responsibilities as providers are outlined in the WAC - this seems to be more about our Rights. Is there a document that can be created and agreed upon by provider and licensor in initial application and full compliance reviews?
 - h. What mechanisms are there for providing feedback to the WACs and responses so that other providers can provide feedback as well.
- 9. DCYF requirements and guidelines are in line with requirements from other state agencies, like the Fire Marshall, DSHS, DOH, etc. It is the responsibility of DCYF to align with other agencies and providers are responsible for aligning with DCYF requirements.
 - a. Agree, inter-agency incongruence is not the provider's responsibility. These should be resolved before coming into program or sites, any updates to agency guidelines should be integrated and vetted 2X a year not on a continuous basis. Providers need to know the guidance and not have any chances presented in a monitoring visit.
 - b. Change in line to aligned.
 - c. Agree, inter-agency incongruence is not the provider's responsibility. These should be resolved before coming into program or sites, any updates to agency guidelines should be integrated and vetted 2X a year not on a continuous basis. Providers need to know the guidance and not have any chances presented in a monitoring visit.
 - d. Change in line to aligned.
- 10. Build in a growth period for incoming providers who wish to be licensed, with gradual requirements
 - a. Return to the minimum licensing requirement-health & safety focus. That is the way to accomplish this.
 - b. The over-reach is in where DCYF is focused on quality versus minimum safety. If EA isn't working for quality factors and cultural competent/relevant, building authentic relationships with families then fix it there.
 - c. If leaving in the quality elements, then it should be tiered and roll out for new providers to focus solely on health & safety for first full year of operation complete.
 - d. Licensors need to be more supportive and accurate.
 - e. Only Focus on Safety Issues.
 - f. Legal counsel access for providers.
 - g. Licensors must check in on a regular basis.
 - h. Use the Initial License time period to license new providers without requiring classrooms be fully set up and stocked, allowing for purchasing as growth occurs.

- i. Provider can't renew safe sleep until it expires. You have to wait until you are out of compliance to get into compliance Providers should have 90 days before expiration to renew Safe Sleep.
 - j. Licensors are making up their own rules. Requirements should be the same for everyone.
11. Eliminate unnecessary training and education requirements that do not align with staff compensation. DCYF should eliminate mandates that do not come with funding for providers as this passes the cost on to families.
- a. NO UNFUNDED MANIDATES. Education requirements required by DCYF. The state must pay the teachers directly.
 - b. The cost of compensating teachers properly will be offset on to family's tuition.
 - c. Minim standards is the only expectation of DCYF. DCYF must stay out of the private industry.
 - d. Agree!
 - e. DCYF should provide training, resources, etc.
 - f. How can you require non expulsion? and no Training \$\$.
 - g. Agree with expulsion clause and lack of support, need on-site coaching not classroom or textbook learning.
 - h. If state wants education benchmarks they should incentivize and pay staff directly.
 - i. Hard to evaluate this right now with the workforce challenges, more support versus mandates right now would be key.
 - j. Agree that there are many unfunded mandated that affect cost of care for families - with subsidy increases that helps but doesn't offset costs with private pay families and their high increases in tuition.
 - k. Need way more access to training resources and ability to become a STARS approved trainer to help make sure that staff can have access to trainings in easy to access locations, as a staff in a staff meeting, etc.
 - l. Would prefer that there were more ways to provide my own training and have it "test out" by DCYF to meet initial and CE credit requirements.
 - m. DCYF decided to add a list of Pre-service trainings for every staff person, but they do not count towards STARS hrs. Make them COUNT towards the 10 hrs of continuing ed per year.
 - n. "based on staff compensation" does not make sense here, we (providers) pay for employee training.
 - o. reminders of mandatory trainings are sent via email (similar to how the background check email goes out)
 - p. DCYF should have to pay if unnecessary trainings and education requirements continue.
 - q. clarify difference between training and education requirements. ECE college requirement should be eliminated.
 - r. There is no need for training requirements that can't be paid for by DCYF. Providers are already doing enough.
 - s. Centers that accept subsidy and are trying to reach a higher EA level are now more disadvantaged because there are no staff in the field, req. for a degree to reach

payment is like a double negative vs. just a good quality person who knows how to take care of an infant. Who with a degree wants to work in an infant room?

- t. community based avenues/tests based on knowledge to reach education requirements
12. Notify providers that a licensing visit will take place within 30-60 days
- a. Give a choice of a window of time (specific week).
 - b. This seems agreeable.
 - c. Licensors should not have the power to shut us down.
 - d. We do think that unannounced makes sense related to a compliant or pattern of compliance issues, if in good standing think visits should be scheduled.
 - e. With current workforce concerns knowing when or having some ability to help select time or date allows the provider leadership to be available to give time & attention due.
 - f. I don't understand why DCYF is so against telling providers there will be an upcoming visit. It can still be unannounced, but providers need to be able to plan vacations, etc.
 - g. I'd be okay with a 30-day window for the monitoring visit and DCYF could stop by completely unannounced for short visits with no checklist.
 - h. Nothing looks different when I go on vacation and how the staff run things, but it would help with my peace of mind. Staff get freaked out when licensors come in.
 - i. I'm not okay with DCYF staff coming in unannounced at all. I don't believe it is necessary for random drop-ins. We are professionals with expensive liability insurance. We don't want anything to go wrong.
 - j. Licensing says there are "bad providers" but that burden should be on DCYF to work with providers struggling with compliance, rather than a stance of distrust of all providers.
 - k. Food programs monitor us as well and give notice.
 - l. It is a professional courtesy.
13. Staff records are not required to be in MERIT if providers have paper records accessible.
- a. Electronic options should be the main option with the alternative of paper copies.
 - b. DCYF must provide an option for those who need access to internet.
 - c. Reasonable, but Merit Account should not be tied to Owner/ Director, it should be tied to BUSINESS.
 - d. Agree with recommendations around all of these-especially move to electronic as main BUT we need the business access to upload.
 - e. WAC says paper records can be disposed of, but we have all had stuff lost by MERIT. I know some providers who are retaking their 30-hour training because MERIT can't find their certificate.
 - f. In the past, licensors would keep everything in a file, with some licensors it feels like you are starting from scratch because they won't have things that your previous licensor had.
14. Separate violations that are against an individual (employee) from true violations or complaints against the facility. /eliminate the Emergency WAC around reporting openings/ensure staff members full names are not listed in Child Care Check to protect employee privacy.
- a. Agree with this - We should be separated from teacher allegations.
 - b. We need more trainings on COMPASS.
 - c. Yes, Eliminate the WAC.

- d. Complaints that involve specific staff members should not be listed in the complaint but there should be a record of employee's involvement listed in their merit profile so that new employers can access risk when hiring. The center has responsibility to ensure the staff members are following regulations and should share in the responsibility. If there is proof that the provider trained, then perhaps this should be on specific staff member solely.
 - e. Licensing is supposed to be the MINIMUM standards. Now with no more money, they want us to do a lot more that is above and beyond being a safe place to have children.
 - f. new recommendation: update the CPR changes to not go into effect until after notice was given
 - g. Asking my families about their cultural beliefs does not have anything to do with the safety of my children, too much EA stuff is sliding into the WAC.
15. Separation between providers accepting subsidy and private pay organizations: Remove the ECE college requirements, Lower the number of years required to receive an employment waiver. Early Learning organizations who do not take any CCDF funding should be exempt from education requirements of their teachers as unfunded mandates directly pass the cost of childcare to the families.
- a. Get Rid of Early Achievers.
 - b. Remove Early Achievers.
 - c. EA should not be mixed in with childcare WAC.
 - d. We disagree with this recommendation, unintended consequence that private pay will stop taking subsidy.
 - e. When teachers meet education standards they should be paid more-either directly from DCYF or stipend/allocation to provider. SPP has done it
 - f. I disagree with this idea that non-subsidy providers should be exempt, as it will only incentivize providers to stop accepting subsidy.
 - g. employees who get their AA degrees, get their degrees and then move on to another position.
 - h. The education requirements are too much for all providers.
 - i. providers who accept subsidy should receive the basic training for free.
 - j. I disagree that providers not taking subsidy should be exempt from any requirements.
 - k. These requirements reduce our ability to attract employees.
16. Licensors: Providers receive a survey after licensing visits to provide feedback and increase trust between providers and licensors.
- a. Who will be involved in creating survey and questions?
 - b. What is the survey's main purpose? Satisfaction of the visit? Satisfaction with the process? Feedback on the results? Feedback on the licensor?
 - c. Go for It - but what occurs with the feedback.
 - d. So what? What will happen with results? Dashboard on a public site? Region or Supervising Area Action Plans?
 - e. If a licensor receives bad feedback, will this be taken constructively or personally.
 - f. It's Not Trust.....It's Accountability.
 - g. Are these anonymous by provider?
 - h. If you mention concerns in the feedback, expecting the licensors supervisor to follow up.

- i. How do we create a system where we can work together and have a mentorship without having to include a licenser?
 - j. Recommend change to language: Childcare providers receive a post-visit survey within 24 hours of licensing visit. Survey will seek feedback on licenser's approach and process. Results will be made available in a disaggregated data set and dashboard.
 - k. What would the consequence be for bad feedback, especially repeated bad feedback?
 - l. This should be standard practice. Licensing has said they do send them but providers have not seen them.
 - m. This should be a WAC.
 - n. When asked who reads the survey responses, Licensing did not know. The responses should go directly to a statewide licensing supervisor and entered into a database.
 - o. They do it for EA, I don't know why we have lower standards.
 - p. The survey should be meaningful. Not just a box to check. Providers are really struggling and the survey results would show that - it should be entered into a database.
 - q. Surveys must be anonymous, with the option to provide identifying information and a box to check if you want to be followed up with or your issues to go up the chain (and to whom).
17. Interrater Reliability: IRR is clearly communicated to providers as optional. Survey to providers to evaluate IRR/monitoring visits
- a. What is the process for opting out? Is it all visits? Only annual? What about complaint?
 - b. In favor of this process-so needed especially for providers with multiple sites and multiple licensers.
 - c. How would providers know in advance if their visit would have the IRR element?
 - d. Consider an incentive for providers that agree to be part of the IRR "pilot" process.
 - e. Clarify language that this recommendation is solely around the providers opt-in/opt-out to participation in the IRR process.
 - f. Is this another way to monitor us...? while we are complaining about over regulations of monitors.
 - g. Survey process should mirror the survey on the prior question. Just need a drop down or ability to complete for each visitor.
 - h. Why is participating in IRR optional?
 - i. We don't all want to be a part of training licensers. The way it has been communicated to providers has not been transparent about IRR being optional.
 - j. Some people don't want two licensers coming into their center. The idea is they come together and see why they don't see compliance issues the same. It's a training tool for licensers.
 - k. Create an incentive for providers who are willing to host IRR training for licensers.
 - l. We want licensers to go through IRR, but it should be an option for providers to accept IRR training.
 - m. Staff from LD say different things about whether IRR is required or not.
18. Use Quality Improvement (QI) funds to support the EA Review Process/Develop a different avenue to demonstrate quality child care in order to receive subsidy (WCCC), not EA as the only option

- a. Use QI funds to support more coaches and work on stability in that position for consistency and good support to providers, lack of coaches and large turnover affects the process greatly.
 - b. Concerned that too many different ways to demonstrate quality may complicate and undermine the intent.
 - c. Not opposed to the process or concerns with EA, one in our group is in the pilot for new rating approach, others are feeling like with current workforce challenges hard to get to this next-level work.
 - d. Why is there a 1 year waiting period to enter into the pipeline?
 - e. Is there a time where you stop needed to have visits based on consistent high quality visits / ratings?
 - f. EA should not be tied to subsidy at all. It should be an accreditation not mandatory for funding.
 - g. This is a FIX that will not solve the issue. Private Pay need a fair rate subsidy is not enough.
19. Base payments on provider rates, increase payments for providers who participate in Early Achievers
- a. We believe that is already the case. Improved ratings result in increased payments. Not sure what this means? Did this request come from wanting to incentivize participation for those not accepting subsidy?
 - b. Other things are to consider are do we need to change from regional subsidy rates to quality rates.
 - c. Timeline should be accelerated for reaching 100% subsidy rates.
 - d. Create a payment tier for EA rating of 3+. It's currently just a recognition that a provider rated higher than 3, no financial reward.
20. Employers can submit records on behalf of employees/Create an Organizational Access level in MERIT so centers with multiple sites can approve directors, view center dashboards across multiple sites, etc./list all early learning employment for individuals in MERIT. /Create an inactive status for employees who work on summer breaks or only occasionally. Create a link to WA Compass within MERIT to help providers access WA Compass
- a. Yes-we want all of this!!!! Overall providers not just multi-site.
 - b. Especially important for creating alerts and notices to expiring certifications, etc.
 - c. Including centers/directors on background check information/email
21. CCDF?
- a. Is fingerprinting process paid from/a part of this fund? More options to support new center development and renovations - sustain the current and add. Tracking and reporting of funds reported to providers. Not sure what you want here, we believe that sustained funding for investment in this is important, more transparency on what CCDF requires and how DCYF Translates to others - monthly update, need more transparency